

State of Iowa
BOARD OF EDUCATIONAL EXAMINERS
Grimes State Office Building
400 E 14th St.
Des Moines, Iowa 50319-0147

Exchange License – Not renewable.

Requirements:

1. Baccalaureate degree.
2. Completion of a teacher preparation program.
3. No disciplinary action pending.
4. Be a participant in a teacher exchange program administered through the Iowa Department of Education.

Information concerning transcript or credential evaluation for individuals with teacher preparation outside of the United States.

The State Board of Educational Examiners does not have the resources to determine degree and course credit equivalencies from outside the United States or to translate foreign credentials or transcripts. The rules for licensure require persons with preparation from outside of the United States to work with some agency or institutions to obtain an appropriate assessment of the credentials/records in terms of degree and course credit equivalencies and translation of course titles. This office will use the assessment to determine if the appropriate degree and course requirements have been met for Iowa teacher licensure purposes. PLEASE SUBMIT THE COURSE BY COURSE EVALUATION REPORT FROM THE AGENCY.

Photocopies will not be accepted.

The following private agencies provide foreign credential evaluation services at varying fees.

American Association of Collegiate Registrars and Admissions Officers
One Dupont Circle NW, Suite 520
Washington, DC 20036-1135
tel: (202) 296-3359 • fax: (202) 872-8857
E-mail: oies@aacrao.org

Educational Credential Evaluators, Inc.
P.O. Box 92970
Milwaukee, WI 53202-0970
(414) 289-3400

Foreign Consultants, Inc.
(Credential Evaluation Services)
3000 Dundee Road, suite 209
Northbrook, IL 60062
(847)498 4499 or (847)498 3399

International Consultants of Delaware, Inc.
109 Barkdale Professional Center
Newark, DE 19711
(302) 737-8715

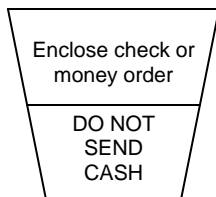
World Education Services, Inc.
P.O. Box 745
Old Chelsea Station
New York, NY 10011
(212) 966-6311

NOTE: It is possible that the Bureau will involve an Iowa institution in the final determination of preparation equivalency.

APPLICATION FOR INTERNATIONAL EXCHANGE LICENSE CHECKLIST

Incomplete applications will delay processing. Please double check:

- _____ Have you completed section I?**
- _____ Have you sent your transcripts to an approved transcript evaluation service, and are you enclosing the results of their analysis with this application?**
- _____ Have you enclosed your check or money order which includes the evaluation and processing fees (\$60) and the fee for issuance of the license (\$85)?**
- _____ Have you enclosed your completed fingerprint card and waiver form, and the \$52 background check fee? (This fee and the fees for the processing and license may be combined in a single check or money order.)**
If you need a fingerprint packet, visit the BOEE website at <http://www.boee.iowa.gov/FPPktReq.html> or call (515) 281-3611 to leave your name and address and request a fingerprint packet. The packet will be mailed on the same or next business day.
- _____ Have you signed and dated the application?**



International Exchange License

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E 14th St.
Des Moines, Iowa 50319-0147

Revised 3/08

INSTRUCTIONS:

1. Complete Section I.
2. Enclose the \$60.00 evaluation fee.
3. Enclose a \$85.00 nonrefundable licensure fee for each license you check under Item 10 below.
4. Complete the fingerprint packet information. Enclose the \$52 fee. Total Items 2 & 3 and remit ONE Check or money order, made payable to the Board of Educational Examiners.
5. Attach the results of the evaluation service which evaluated your transcripts.
6. Send all materials to the address that appears in the upper right hand corner of this page.

NOTE: Photocopies or copies by fax of any application forms or experience verification forms will not be accepted. Original signatures are needed.

(Please allow four weeks for processing. Incomplete applications will delay processing.)

Name changes require a photocopy of official legal documentation.

Applicant's Folder # (To Be Assigned by BoEE Office)	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

Background Information:

For any "Yes" response, attach a written explanation on 8 1/2" x 11" paper. Be sure to include the date of the violation.

DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application, if no further conviction(s) has occurred.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations?
(Report any OWI convictions.)
- c. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of child abuse made against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had an application for an educational license denied or had disciplinary action of any type (including letter of reprimand, warning, suspension, revocation, or voluntary surrender) taken against an educational certificate, license or authorization in Iowa, any other state, or any other country?

Citizenship:

Are you a United States citizen? Yes ☐ No ☐

If you answered "No," check if you are:

☐ a qualified alien (as defined in 8 U.S.C.A. § 1641). If so, please provide appropriate documentation.

☐ an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.
If so, please provide appropriate documentation.

☐ a foreign national not physically present in the United States.

☐ other – Please provide a detailed explanation on a separate 8 ½ x 11 sheet of paper.

Licensure Information:

- Do you hold, or have you ever held, an **Iowa** Teacher or Administrator License? ☐ Yes ☐ No

- Check License desired:

☐ Initial ☐ Standard ☐ Master Educator ☐ Exchange ☐ Substitute ☐ Class A (*1-year conditional*)

Degrees held and conferred:

Bachelor's: / /
 Month Day Year Institution

Master's: / /
 Month Day Year Institution

Specialist's: / /
 Month Day Year Institution

Doctorate: / /
 Month Day Year Institution

Statement of Fraud:

An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

I verify that the applicant listed above has been accepted into the Iowa Department of Education International Teacher Exchange Program for the following school years:

mon. ____ year ____ through mon. ____ year ____

Signature of Iowa Department of Education Official

Date

Experience Verification Form

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E 14th St.
Des Moines, IA 50319-0146

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

2. To be completed by administrator

I hereby verify that the above-named applicant served successfully as a teacher or administrator in this school district during the dates indicated below, based on a local evaluation process. (If verifying only substitute teaching, please complete lines d, e, f, and g).

- a) _____ - dates in district, list beginning and ending month and year dates
- b) _____ - specific grade(s) taught or administered
- c) _____ - subject area / disability area / or administrative area
- d) _____ - school district/ college
- e) _____ - city
- f) _____ - state, if other than Iowa
- g) _____ - days in district, of only substituting

Signature of Administrator Date

Typed Signature of Administrator Telephone #: _____ - _____
Area Code

NOTICE--RETURN TO APPLICANT--DO NOT MAIL DIRECTLY TO BOARD OF EDUCATIONAL EXAMINERS

NOTE: Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.

NOTE TO ADMINISTRATOR: If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.